

CERTIFICATE OF LIABILITY INSURANCE

JUDYC-1 OP ID: KW

DATE (MM/DD/YYYY)

10/03/2014

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

| PRODUCER GCH Insurance Group 2250 Thunderstick Dr Ste. 1104 Lexington, KY 40505 John Hampton | | CONTACT NAME: John Hampton PHONE (A/C, No, Ext): 859-254-1836 E-MAIL ADDRESS: FAX (A/C, No): 859-22 | 26-0277 |
|--|---|--|---------|
| | | INSURER(S) AFFORDING COVERAGE | NAIC# |
| | | INSURER A: The Travelers Indemnity Co | 25658 |
| INSURED | Judy Construction Company 103 South Church St P.O. Box 457 Cynthiana, KY 41031 | INSURER B: Travelers Property Casualty Co | 25674 |
| | | INSURER C : KY AGC SIF | |
| | | INSURER D : Crum & Forster | 42471 |
| | • | INSURER E: | |
| | | INSURER F: | |

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR LTR | | TYPE OF INSURANCE | ADDL INSD | | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS | S | |
|-------------|--|----------------------------------|----------------|---|-----------------|----------------------------|----------------------------|---|----|------------|
| Α | Х | COMMERCIAL GENERAL LIABILITY | | | | | | EACH OCCURRENCE | \$ | 1,000,000 |
| | | CLAIMS-MADE X OCCUR | X | Х | DTCO962J2545 | 04/30/2014 | 04/30/2015 | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ | 300,000 |
| | X | Includes XCU | | | | | | MED EXP (Any one person) | \$ | 10,000 |
| | | | | | | | | PERSONAL & ADV INJURY | \$ | 1,000,000 |
| | GEN | I'L AGGREGATE LIMIT APPLIES PER: | | | | | | GENERAL AGGREGATE | \$ | 2,000,000 |
| | | POLICY X PRO- JECT LOC | | | | | | PRODUCTS - COMP/OP AGG | \$ | 2,000,000 |
| | | OTHER: | | | | | | | \$ | |
| | AUTOMOBILE LIABILITY | | | х | DT810962J2545 | | 04/30/2015 | COMBINED SINGLE LIMIT (Ea accident) | \$ | 1,000,000 |
| В | X | (ANY AUTO | | | | 04/30/2014 | | BODILY INJURY (Per person) | \$ | |
| | ALL OWNED SCHEDULED AUTOS AUTOS | | | | | | | BODILY INJURY (Per accident) | \$ | |
| | X | HIRED AUTOS X NON-OWNED AUTOS | | | | | | PROPERTY DAMAGE (Per accident) | \$ | |
| | | | | | | | | | \$ | |
| | Х | UMBRELLA LIAB X OCCUR | _E X | х | DTSMCUP962J2545 | | 04/30/2015 | EACH OCCURRENCE | \$ | 15,000,000 |
| Α | | EXCESS LIAB CLAIMS-MADE | | | | 04/30/2014 | | AGGREGATE | \$ | 15,000,000 |
| | | DED X RETENTION \$ 10,000 | | | | | | | \$ | |
| | | | | | 17755 | | 12/31/2014 | PER X OTH- | | |
| C | | | N/A | | | 12/31/2013 | | E.L. EACH ACCIDENT | \$ | 4,000,000 |
| | OFFICER/MEMBER EXCLUDED? (Mandatory in NH) | | 11/ A | | | | | E.L. DISEASE - EA EMPLOYEE | \$ | 4,000,000 |
| | If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | | E.L. DISEASE - POLICY LIMIT | \$ | 4,000,000 |
| D | D Excess Liablity | | | | 5227481322 | 04/30/2014 | 04/30/2015 | Limit Occ | | 15,000,000 |
| | | | | | | | | Limit AGG | | 15,000,000 |
| | | | | | | | | | | |

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Project: Town Branch Wet Weather Storage Facility. Lexington-Fayette Urban
County Government and its elected and appointed officials, employees,
agents, boards, consultants, assigns, volunteers and successors in interest
and GRW Engineers, Inc., 801 Corporate Drive, Lexington KY 40503 are
additional insureds as their interest may appear in regards to (continued)

| CERTIFICATE HOLDER | CANCELLATION |
|--------------------|--------------|
| CENTIFICATE HOLDEN | CANCELLATION |

LFUCG00

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

County Government

Division of Central Purchasing

AUTHORIZED REPRESENTATIVE

John W. Hampton

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Lexington-Fayette Urban

200 E. Main St.

Lexington, KY 40507

LFUCG00 JUDYC-1 PAGE 2 HOLDER CODE **NOTEPAD:** INSURED'S NAME Judy Construction Company OP ID: KW Date 10/03/2014 general & auto liability, the coverage is primary and non-contributory. General liability policy includes coverage for explosion, collage and underground. Pollution liabilty policy in place through Rockhill for the period 4/30/14 to 4/30/15, policy #ENVP002670-01, \$2,000,000 Each Claim/aggregate limit. Builders Risk policy through Allianz - policy number & term TBD limit \$19,108,000 with \$5,000 deductible.